

DocuSign Envelope ID: 56440EF2-167A-44FB-AA7E-45BA3B4F56C3

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF CALIFORNIA

Case number (if known) Chapter 11☐ Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	<u>SAMM Solutions, Inc.</u>	
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	<u>DBA BTS Research</u>	
3. Debtor's federal Employer Identification Number (EIN)	<u>20-8712967</u>	
4. Debtor's address	Principal place of business <u>9990 Mesa Rim Road</u> <u>Suite 100</u> <u>San Diego, CA 92121</u> <small>Number, Street, City, State & ZIP Code</small> <u>San Diego</u> <small>County</small>	Mailing address, if different from principal place of business <hr/> <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <hr/> <small>Number, Street, City, State & ZIP Code</small>
5. Debtor's website (URL)	<u>http://btsreearch.com</u>	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

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Debtor **SAMM Solutions, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

9271**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply.

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☐ No.
- ☒ Yes.

If more than 2 cases, attach a separate list.

District	Southern District of California	When	8/05/19	Case number	19-04700-LA11
District		When		Case number	

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Debtor **SAMM Solutions, Inc.**
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	Relationship
District	Case number, if known
When	

11. Why is the case filed in this district? Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No

- ☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|---|--|--|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

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Debtor	SAMM Solutions, Inc.	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

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Debtor **SAMM Solutions, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/26/2021

MM / DD / YYYY

X DocuSigned by:
Usama Abunadi

Signature of authorized representative of debtor

Usama Abunadi

Printed name

Title **President****18. Signature of attorney**X DocuSigned by:
Paul J. Leeds

Signature of attorney for debtor

Date 3/26/2021

MM / DD / YYYY

Paul J. Leeds, Esq. 214309 (SBN 131787)

Printed name

Higgs Fletcher & Mack LLP

Firm name

401 West A Street Suite 2600**San Diego, CA 92101**

Number, Street, City, State & ZIP Code

Contact phone **(619) 236-1551**Email address **leedsp@higgslaw.com****214309 CA**

Bar number and State

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Fill in this information to identify the case:Debtor name **SAMM Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 3/26/2021

X

DocuSigned by:

Usama Abunadi

Signature of individual signing on behalf of debtor

Usama Abunadi

Printed name

President

Position or relationship to debtor

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Fill in this information to identify the case:

Debtor name **SAMM Solutions, Inc.**
 United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Accel Capital Services 65 West 36th street, Suite 12 New York, NY 10018	James Vitolo jvitolo@accelcapita l.com (212) 504-3061	Judgment				\$289,510.51
Cardinal Health. P.O. Box 100552 Pasadena, CA 91189	Todd Bell todd.bell@cardinal health.com (619) 553-3921	Judgment				\$113,871.74
Dart Neuroscience, LLC 12278 Scripps Summit Drive San Diego, CA 92131	Heidi Cervi hcervi@dartnueros cience.com (858) 246-8345	Customer Deposit				\$62,633.00
De Lage Landen Financials C/O Cohn & Davis, LLC 68 Harison Ave #502 Boston, MA 02111	Joseph Panaghelto jpanaghelto@lease direct.com (610) 386-5695	Stipulated Judgment				\$57,000.00
Employment Development Dept. Bankruptcy Unit MIC 92E P. O. Box 826880 Sacramento, CA 94280		State Payroll Taxes				\$187,279.07
Ghazy Abu-Fielat 3564 Van Bruen Blvd. Riverside, CA 92503	Dr. Ghazy Abu-Fielat fielat@hotmail.com (951) 818-6017	Business Loan				\$50,892.00

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Debtor **SAMM Solutions, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Internal Revenue Service Chief Special Procedures P. O. Box 7346 Philadelphia, PA 19101-7346		Federal Pay Roll Tax				\$416,557.51
Kalamata Capital Group C/O Anthony Giuliano, Esq. 675 Old Country Road Westbury, NY 11590	Angelea Valen Esq. (818) 716-7630	Judgment				\$293,539.20
Mari Bray P.O. Box 506951 San Diego, CA 92150-6951	Marie Bray mbray@lavcs.omni microsoft.com (858) 663-6107	Critical operational services and/or supplies				\$45,900.00
Nitel Inc. Lockbox Dept. 4929 Carol Stream, IL 60122-4929		Services and/or Supplies				\$64,180.62
Orient Bioresources, Inc. C/O Marc Cervantes Esq. 802 N Caranchua, STE 2100 Corpus Christi, TX 78401	Marc Cervantes, Esq. gmcervantes@att.net (361) 844-5400	Services and supplies				\$104,430.00
Pacific BioLabs 551 Linus Pauling Drive Hercules, CA 94547	Shalia Bhuiyan shaliabhuiyan@pacificlabs.com (510) 315-3460	Critical operational supplies and/or services				\$46,000.00
Pharmascience Inc. 6111, Royalmount Avenue, Suite 100 Montreal, Quebec, CA	Samantha DeMelo sdemelo@pharmascience.com (438) 336-7343	Critical operational services and/or supplies				\$52,860.00
Ready Capital 1251 Avenue of Americas 50th Floor New York, NY 10020		PPP Loan	Contingent Unliquidated Subject to Setoff			\$377,800.00
Ready Capital 1251 Avenue of Americas 50th Floor New York, NY 10020		PPP Loan	Contingent Unliquidated Subject to Setoff			\$349,800.00

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Debtor **SAMM Solutions, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
San Diego Sycamore LLC c/o DLA Piper LLP 555 Mission Street, Suite 2400 San Francisco, CA 94105		Services and/or supplies				\$75,294.08
Stephe Hinze 100 E. San Marcos Blvd. Suite 400 San Marcos, CA 92059						\$76,917.73
The Business Backers 10856 Reed Hartman Hwy. Suite 1 Cincinnati, OH 45242	Patricia Hill, Esq. phill@graydon.law (513) 755-4554	Judgment				\$81,323.32
WCCP Rosemont, LLC 721 Emerson Road, STE 300 Saint Louis, MO 63141	Scott Douglas sdouglas@westcoastcap.com (310) 489-7532	Stipulated Judgment				\$644,272.30
Xybion Medical Systems 2000 LENOX DR, SUITE 101 LAWRENCEVILLE, NJ 08648	Carlos Frade cfrade@xybion.com (609) 512-5790 Ext. 305	Critical operational services and/or supplies				\$48,100.00

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Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **2,018,489.32****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **2,018,489.32****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **940,000.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **610,945.33****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **4,883,138.19****4. Total liabilities**

Lines 2 + 3a + 3b

\$ **6,434,083.52**

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Fill in this information to identify the case:Debtor name **SAMM Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****\$76,040.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **California Bank and Trust****Checking Account****7667****\$304,449.08**3.2. **California Bank and Trust****Checking Account****7675****\$11,733.86**3.3. **California Bank and Trust****Checking Account****7709****\$1,002.40****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$393,225.34**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**☐ No. Go to Part 3.☒ Yes Fill in the information below.**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Case number (If known)

7.3.	Rental Security Deposit for 9990 Mesa Rim Drive, San Diego	\$20,400.00
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Best Case Bankruptcy

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Debtor **SAMM Solutions, Inc.**
Name

Case number (If known)

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Animals		\$1,716.00		\$1,716.00

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

\$1,716.00**24. Is any of the property listed in Part 5 perishable?**☒ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value

Valuation method

Current Value

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)****27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture and fixtures BQ	\$8,811.59		\$8,811.59
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer hardware BQ	\$11,987.01		\$11,987.01

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Debtor **SAMM Solutions, Inc.**
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Case number (If known)

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$20,798.60

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1. 2006 Ford E250 Van VIN# 1FT5534L26HA20690 220,000 MILES		\$0.00	Comparable sale	\$570.00
47.2. 1999 FORD BOX TRUCK VIN# 1FDWE47F6XHG14122 180,000 Miles		\$0.00	Comparable sale	\$950.00
48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels				
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
Scientific equipment		\$367,497.25		\$367,497.25

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$369,017.25

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No
☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☐ No
☒ Yes

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Debtor **SAMM Solutions, Inc.**
Name

Case number (If known)

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 10635 Roselle St. San Diego CA 92125 Offices and Laboratories	Leasehold	\$0.00		Unknown
55.2. 9990 Mesa Rim Road Suite 100 San Diego, CA 92121 Office Building	Leasehold	\$0.00		Unknown
55.3. 11211 Sorento Valley Road San Diego, CA 92121 Office and storage	Leasehold	\$0.00		Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No
- ☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.
- ☐ Yes Fill in the information below.

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes Fill in the information below.

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Debtor **SAMM Solutions, Inc.**
Name

Case number (If known) _____

Current value of
debtor's interest

71. **Notes receivable**
Description (include name of obligor)
72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)
73. **Interests in insurance policies or annuities**
74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**
76. **Trusts, equitable or future interests in property**
77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Leasehold improvements BQ**\$868,640.63**

78. **Total of Part 11.**
Add lines 71 through 77. Copy the total to line 90.

\$868,640.63

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**
☒ No
☐ Yes

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Debtor **SAMM Solutions, Inc.**
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$393,225.34	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$176,400.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$188,691.50	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$1,716.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$20,798.60	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$369,017.25	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$868,640.63	
91. Total. Add lines 80 through 90 for each column	\$2,018,489.32	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$2,018,489.32

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Fill in this information to identify the case:Debtor name **SAMM Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A

Amount of claim

Do not deduct the value of collateral.

Column B

Value of collateral that supports this claim**2.1 Pacific Premier Bank**

Creditor's Name

**17901 Von Karmen Ave.
Suite 1200
Irvine, CA 92614**

Creditor's mailing address

dale.heyden@ppbi.com

Creditor's email address, if known

Date debt was incurred**7/10/2017****Last 4 digits of account number****4617****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**10635 Rosedale Road
San Diego CA 92125
Offices and Laboratories**

Describe the lien

Business Loan; UCC-1 Financing Statement

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**\$940,000.00****Unknown**

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$940,000.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

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Fill in this information to identify the case:Debtor name **SAMM Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address County Tax Collector 1600 Pacific Highway Room 162 San Diego, CA 92101 Date or dates debt was incurred 3/30/2018 and 5/23//2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Business Property Tax Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,763.65 \$2,763.65
2.2	Priority creditor's name and mailing address Employment Development Dept. Bankruptcy Unit MIC 92E P. O. Box 826880 Sacramento, CA 94280 Date or dates debt was incurred 1/1/2019-8/5/2019 Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: State Payroll Taxes Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$187,279.07 \$187,279.07

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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known)	
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2.3	Priority creditor's name and mailing address Franchise Tax Board PO Box 942857 Sacramento, CA 94257-0511	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,345.10	\$4,345.10
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Date or dates debt was incurred 4/15/2019	Basis for the claim: Corporate Franchise Tax
---	--

Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.4	Priority creditor's name and mailing address Internal Revenue Service Chief Special Procedures P. O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$416,557.51	\$416,557.51
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Date or dates debt was incurred 1/1/2019-8/5/2019	Basis for the claim: Federal Pay Roll Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address Abcam, Inc. PO Box 3460 Boston, MA 02241-3460 Date(s) debt was incurred <u>2/6/2019</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,639.00
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3.2	Nonpriority creditor's name and mailing address Abnova PO Box 1697 Walnut, CA 91788 Date(s) debt was incurred <u>11/20/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,358.00
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3.3	Nonpriority creditor's name and mailing address Accel Capital Services 65 West 36th street, Suite 12 New York, NY 10018 Date(s) debt was incurred <u>10/18/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$289,510.51
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.4	Nonpriority creditor's name and mailing address Action Air Conditioning 130 Bosstick Blvd. San Marcos, CA 92069 Date(s) debt was incurred <u>12/01/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,332.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address ADME Solutions, Inc. 10531 4 S. Commons Drive #594 San Diego, CA 92127 Date(s) debt was incurred <u>11/15/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address Advanced Chemical Transport 967 Mabury Road San Jose, CA 95133 Date(s) debt was incurred <u>10/31/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,703.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address Agilent Technologies P.O. Box 742108 Los Angeles, CA 90074-2108 Date(s) debt was incurred <u>7/30/18-1/14-19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,449.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address American Casualty Company PO Box 94733 Chicago, IL 60690-4733 Date(s) debt was incurred <u>6/10/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$975.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Anderson Valuations, Inc. 3467 Avocado Vista Lane Fallbrook, CA 92028 Date(s) debt was incurred <u>7/13/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,800.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Appraisal Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.10	Nonpriority creditor's name and mailing address Aqua Chill PO Box 24737 Tempe, AZ 85285 Date(s) debt was incurred <u>6/20/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$323.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor SAMM Solutions, Inc.		Case number (if known) _____	
Name _____			

3.11	Nonpriority creditor's name and mailing address Aquaclear 3952 D Clairemont Mesa Blvd. Suite 294 San Diego, CA 92117 Date(s) debt was incurred <u>1/4/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
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3.12	Nonpriority creditor's name and mailing address ATCC 5779 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>3/14/18-5/17/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,684.99
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3.13	Nonpriority creditor's name and mailing address Aviva Systems Biology 7700 Ronson Road, Ste 100 San Diego, CA 92111 Date(s) debt was incurred <u>12/5/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.45
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3.14	Nonpriority creditor's name and mailing address Bay Alarm Co P.O. Box 7137 San Francisco, CA 94120-7137 Date(s) debt was incurred <u>11/5/18-6/25/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,156.57
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3.15	Nonpriority creditor's name and mailing address Beckman Coulter, Inc Dept. CH 10164 Palatine, IL 60055-0164 Date(s) debt was incurred <u>7/10/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269.01
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3.16	Nonpriority creditor's name and mailing address Becton, Dickinson and Company PO Box 100921 Pasadena, CA 91189-0921 Date(s) debt was incurred <u>4/30/18-9/19/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,004.39
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3.17	Nonpriority creditor's name and mailing address Biocom 10996 Torreyana Dr. Suite 200 San Diego, CA 92121 Date(s) debt was incurred <u>9/1/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,775.00
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.18	Nonpriority creditor's name and mailing address BioLegend 9727 Pacific Heights Blvd San Diego, CA 92121 Date(s) debt was incurred <u>10/23/18-1/5/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,781.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.19	Nonpriority creditor's name and mailing address BioQual Solutions, Inc. 4070 Lago Di Grata Cir. San Diego, CA 92130 Date(s) debt was incurred <u>10/29/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,858.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical Services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	Nonpriority creditor's name and mailing address Business Wire, Inc. 101 California Street 20th Floor San Francisco, CA 94111 Date(s) debt was incurred <u>11/14/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$905.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	Nonpriority creditor's name and mailing address Cadence Science 2080 Plainfield Pike Cranston, RI 02921 Date(s) debt was incurred <u>4/11/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$584.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	Nonpriority creditor's name and mailing address California Filtration Srvs Inc 1168 N Johnson Ave, El Cajon, CA 92020 Date(s) debt was incurred <u>6/1/18-9/1/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$312.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	Nonpriority creditor's name and mailing address Canseco Boiler Services 8641 Whitaker Street Buena Park, CA 90621 Date(s) debt was incurred <u>12/18/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,633.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	Nonpriority creditor's name and mailing address Capital One Bank (USA), N.A. P.O. Box 60599 City Of Industry, CA 91716-0599 Date(s) debt was incurred <u>4/13/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$26,821.91 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.25	Nonpriority creditor's name and mailing address Cardinal Health. P.O. Box 100552 Pasadena, CA 91189 Date(s) debt was incurred <u>4/14/18-11/18/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$113,871.74 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.26	Nonpriority creditor's name and mailing address Cayman Chemicals Co Inc 1180 E. Ellsworth Road Ann Arbor, MI 48108 Date(s) debt was incurred <u>10/23/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,536.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	Nonpriority creditor's name and mailing address Cell Signaling Technology P.O. Box 3843 Boston, MA 02241-3843 Date(s) debt was incurred <u>1/23/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$315.07 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	Nonpriority creditor's name and mailing address Certara USA Inc. 222 S. Central Avenue Suite 1008 Clayton, MO 63105 Date(s) debt was incurred <u>1/11/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,385.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	Nonpriority creditor's name and mailing address Ceva International Inc. Dept. 2309 Carol Stream, IL 60132-2309 Date(s) debt was incurred <u>3/29/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$650.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	Nonpriority creditor's name and mailing address Channel Methods Pennsylvania Biotechnology Ctr 3805 Old Easton Rd Doylestown, PA 18902 Date(s) debt was incurred <u>9/4/18-11/30/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$23,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	Nonpriority creditor's name and mailing address Chondrex, Inc. 2607 151st Place NE Redmond, WA 98052-5522 Date(s) debt was incurred <u>9/4/18-9/25/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,162.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.32	Nonpriority creditor's name and mailing address City of San Diego P.O. Box 121536 San Diego, CA 92112 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$352.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business license submissions</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.33	Nonpriority creditor's name and mailing address CNA Insurance P.O. Box 790094 St. Louis, MO 63179-0094 Date(s) debt was incurred <u>4/1/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$5,862.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.34	Nonpriority creditor's name and mailing address Cohn Reznick LLP 9255 Towne Centre Drive Suite 250 San Diego, CA 92121 Date(s) debt was incurred <u>6/18/18-7/9/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,200.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.35	Nonpriority creditor's name and mailing address Cole-Parmer 13927 Collections Center Dr Chicago, IL 60693-0139 Date(s) debt was incurred <u>6/28/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$272.99 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.36	Nonpriority creditor's name and mailing address County Burner & Machinery Corp 4818 1/2 Ronson Ct San Diego, CA 92111 Date(s) debt was incurred <u>4/4/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$295.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.37	Nonpriority creditor's name and mailing address Covance Research Products P.O. Box 2485 Burlington, NC 27216 Date(s) debt was incurred <u>10/10/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.38	Nonpriority creditor's name and mailing address CytoMend 8554 Canoga Ave Canoga Park, CA 91304 Date(s) debt was incurred <u>12/31/17</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.39	Nonpriority creditor's name and mailing address Dart Neuroscience, LLC 12278 Scripps Summit Drive San Diego, CA 92131 Date(s) debt was incurred <u>11/15/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$62,633.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Deposit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.40	Nonpriority creditor's name and mailing address De Lage Landen Financials C/O Cohn & Davis, LLC 68 Harison Ave #502 Boston, MA 02111 Date(s) debt was incurred <u>10/1/18-12/1/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$57,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stipulated Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.41	Nonpriority creditor's name and mailing address Deluxe P.O. Box 742572 Cincinnati, OH 45274-2572 Date(s) debt was incurred <u>2/1/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$678.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.42	Nonpriority creditor's name and mailing address EDCO Disposal Corp.-354904 P.O. Box 6887 Buena Park, CA 90622-6887 Date(s) debt was incurred <u>4/16/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,662.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.43	Nonpriority creditor's name and mailing address EDCO Disposal Corp.-359032 6670 Federal Blvd. Lemon Grove, CA 91945 Date(s) debt was incurred <u>5/31/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,191.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.44	Nonpriority creditor's name and mailing address EGP Marketing Inc 14515 Valley View Avenue Suite O Santa Fe Springs, CA 90670-5243 Date(s) debt was incurred <u>2/26/18-12/12/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,485.17 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.45	Nonpriority creditor's name and mailing address Emcor Services 2 Cromwell Irvine, CA 92618 Date(s) debt was incurred <u>3/20/18-12/15/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,613.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.46	Nonpriority creditor's name and mailing address Envigo Global 310 Swamp Bridge Road Denver, PA 17517 Date(s) debt was incurred <u>10/28/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,190.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.47	Nonpriority creditor's name and mailing address Envirotek Laboratories, Inc. 33 3rd St. Bordentown, NJ 08505 Date(s) debt was incurred <u>2/20/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,025.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.48	Nonpriority creditor's name and mailing address Farmers Insurance Exchange P.O. Box 4665 Carol Stream, IL 60197-4665 Date(s) debt was incurred <u>7/9/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$373.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.49	Nonpriority creditor's name and mailing address FedEx P.O. Box 7221 Pasadena, CA 91109-7321 Date(s) debt was incurred <u>3/29/19-7/23/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,284.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.50	Nonpriority creditor's name and mailing address Firehawk Fire & Safety PO Box 910489 San Diego, CA 92191 Date(s) debt was incurred <u>4/1/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$487.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.51	Nonpriority creditor's name and mailing address Fisher Scientific 4500 Turnberry Drive Hanover Park, IL 60133 Date(s) debt was incurred <u>8/4/17-12/1/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$30,162.52 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.52	Nonpriority creditor's name and mailing address Fred Pryor Seminars PO Box 219468 Kansas City, MO 64121-9468 Date(s) debt was incurred <u>8/11/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$199.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.53	Nonpriority creditor's name and mailing address GE Healthcare Bio-Sciences Corp. 100 Results Way Marlborough, MA 01752 Date(s) debt was incurred <u>7/18/18-12/3/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,219.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.54	Nonpriority creditor's name and mailing address Gemini Bio-Products 930 Riverside Parkway Suite 50 West Sacramento, CA 95605 Date(s) debt was incurred <u>9/10/18-11/20/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,065.98 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.55	Nonpriority creditor's name and mailing address General Boiler Company, Inc. 1546 East Adams Blvd. Los Angeles, CA 90011 Date(s) debt was incurred <u>1/30/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$839.63 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.56	Nonpriority creditor's name and mailing address Ghazy Abu-Fielat 3564 Van Bruen Blvd. Riverside, CA 92503 Date(s) debt was incurred <u>1/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$50,892.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.57	Nonpriority creditor's name and mailing address Glas-Col 711 Hulman St. Terre Haute, IN 47802 Date(s) debt was incurred <u>6/5/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$245.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address Henry Schein Scil 151 N. Greenleaf St. Gumee, IL 60031 Date(s) debt was incurred <u>10/23/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,211.24 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address Hooke Laboratories, Inc. 439 South Union Street Lawrence, MA 01843 Date(s) debt was incurred <u>8/20/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,129.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor SAMM Solutions, Inc.		Case number (if known) _____	
Name _____			

3.60	Nonpriority creditor's name and mailing address Hygiena 941 Avenida Acaso Camarillo, CA 93012 Date(s) debt was incurred <u>12/5/17-2/6/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$648.53
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3.61	Nonpriority creditor's name and mailing address In Vivo Gen 10515 Vista Sorrento Pkwy. San Diego, CA 92121 Date(s) debt was incurred <u>2/28/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,605.48
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3.62	Nonpriority creditor's name and mailing address Ingenium Group LLC 2280 Micro Place Escondido, CA 92029 Date(s) debt was incurred <u>9/21/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$340.38
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3.63	Nonpriority creditor's name and mailing address Instech Laboratories Inc. 450 South Gravers Rd Plymouth Meeting, PA 19462-1216 Date(s) debt was incurred <u>4/10/18-5/10/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,787.62
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3.64	Nonpriority creditor's name and mailing address Institute Biomedical Services 2658 Del Mar Heights Rd. STE Del Mar, CA 92014 Date(s) debt was incurred <u>12/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Customer Deposit Refund owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,987.20
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3.65	Nonpriority creditor's name and mailing address Integrity Research Consulting 26015 Newport Avenue Loma Linda, CA 92354 Date(s) debt was incurred <u>1/24/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
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3.66	Nonpriority creditor's name and mailing address Jackson Laboratory 90260 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>10/4/17-11/28/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,410.70
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.67	Nonpriority creditor's name and mailing address Johnson & Johnson Vision Surgical 1700 E. St Andrews Pl. Santa Ana, CA 92075 Date(s) debt was incurred <u>10/5/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,309.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.68	Nonpriority creditor's name and mailing address JP Morgan Chase Bank 111 Polaris Parkway Columbus, OH 43240 Date(s) debt was incurred <u>4/2019-8/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$158.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Bank fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.69	Nonpriority creditor's name and mailing address Kalamata Capital Group C/O Anthony Giuliano, Esq. 675 Old Country Road Westbury, NY 11590 Date(s) debt was incurred <u>7/2018, 12/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$293,539.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.70	Nonpriority creditor's name and mailing address Keystone Bioanalytical, Inc. 501 Dickerson Road North Wales, PA 19454-2536 Date(s) debt was incurred <u>10/2/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,855.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.71	Nonpriority creditor's name and mailing address L2 Consulting Inc. 23 des Lotus Street Blainville, Quebec, Canada J7C 5V3 Date(s) debt was incurred <u>2/5/17</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$38,869.15 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.72	Nonpriority creditor's name and mailing address Labconco Corp. P.O. Box 801133 Kansas City, MO 64180 Date(s) debt was incurred <u>1/30/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$566.57 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.73	Nonpriority creditor's name and mailing address Landauer P.O. Box 809051 Chicago, IL 60680-9051 Date(s) debt was incurred <u>11/30/18-3/12/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,972.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.74	Nonpriority creditor's name and mailing address Law Offices of Gregory Hout 12396 World Trade Drive Suite 206 San Diego, CA 92128 Date(s) debt was incurred <u>5/31/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,821.36 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.75	Nonpriority creditor's name and mailing address Law Offices of Marcy E. Kaye 16870 West Bernardo Drive Suite 400 San Diego, CA 92127 Date(s) debt was incurred <u>11/8/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,244.45 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.76	Nonpriority creditor's name and mailing address Life Diagnostics, Inc 124 Turner Lane Suite 1 West Chester, PA 19380-4563 Date(s) debt was incurred <u>6/4/18-2/18/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$31,202.75 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.77	Nonpriority creditor's name and mailing address Longfellow Real Estate Partner 260 Franklin Street Suite 1920 Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> Unknown <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Rent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.78	Nonpriority creditor's name and mailing address Mari Bray P.O. Box 506951 San Diego, CA 92150-6951 Date(s) debt was incurred <u>11/12/16-7/19/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$45,900.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.79	Nonpriority creditor's name and mailing address McKesson Medical-Surgical Inc. P.O. Box 51020 Los Angeles, CA 90051-5320 Date(s) debt was incurred <u>10/1/18-1/4/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$6,625.37 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.80	Nonpriority creditor's name and mailing address Medline Industries Inc Dept LA 21558 Pasadena, CA 91185-1558 Date(s) debt was incurred <u>6/26/18-5/25/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$20,844.51 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.81	Nonpriority creditor's name and mailing address Molecular Devices 3860 NORTH FIRST STREET San Jose, CA 95134 Date(s) debt was incurred <u>3/2/17-4/26/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,994.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>This is a primary vendor and is critical to cash flow.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.82	Nonpriority creditor's name and mailing address MyBioSource, Inc. P.O. Box 153308 San Diego, CA 92195-3308 Date(s) debt was incurred <u>12/31/18-1/8/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$11,039.66 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.83	Nonpriority creditor's name and mailing address National Virus Resource Laboratory P.O. Box 4118 Atlanta, GA 30302-4118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,714.27 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.84	Nonpriority creditor's name and mailing address Neuromics 5325 W 74th Street Suite 8 Minneapolis, MN 55439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$732.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.85	Nonpriority creditor's name and mailing address Nevada Technical Associates Inc. PO Box 93355 Las Vegas, NV 89193-3355 Date(s) debt was incurred <u>5/23/16</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,450.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address Newco Distributors INC 9060 Rochester Avenue Rancho Cucamonga, CA 91730 Date(s) debt was incurred <u>10/26/18-3/27/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$12,424.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address Nitel Inc. Lockbox Dept. 4929 Carol Stream, IL 60122-4929 Date(s) debt was incurred <u>12/1/19-6/1/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$64,180.62 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known)	
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3.88	Nonpriority creditor's name and mailing address Organization Effectiveness Consultants 4451 Mistral Place San Diego, CA 92513 Date(s) debt was incurred <u>12/31/17</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
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3.89	Nonpriority creditor's name and mailing address Orient Bioresources, Inc. C/O Marc Cervantes Esq. 802 N Caranchua, STE 2100 Corpus Christi, TX 78401 Date(s) debt was incurred <u>3/5/18-5/15/18</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$104,430.00
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3.90	Nonpriority creditor's name and mailing address Otto Environmental 11015 W. Layton Ave. Suite A Greenfield, WI 53228 Date(s) debt was incurred <u>12/1/17</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$208.86
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3.91	Nonpriority creditor's name and mailing address Pacific BioLabs 551 Linus Pauling Drive Hercules, CA 94547 Date(s) debt was incurred <u>12/21/18-5/2/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,000.00
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3.92	Nonpriority creditor's name and mailing address Pharmascience Inc. 6111, Royalmount Avenue, Suite 100 Montreal, Quebec, CA Date(s) debt was incurred <u>4/11/19-5/3/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52,860.00
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3.93	Nonpriority creditor's name and mailing address Pipette.com 10360 Sorrento Valley Road San Diego, CA 92121 Date(s) debt was incurred <u>1/1/18-5/26/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,107.58
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3.94	Nonpriority creditor's name and mailing address Praxair Distribution Inc. Dept. LA 21511 Pasadena, CA 91185 Date(s) debt was incurred <u>11/30/18-5/31/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,810.69
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Debtor	SAMM Solutions, Inc. Name	Case number (if known)
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3.95	Nonpriority creditor's name and mailing address Product Safety Lab Dept. #2462 P.O. Box 11407 Birmingham, AL 35246 Date(s) debt was incurred <u>4/28/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$33,387.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u> </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.96	Nonpriority creditor's name and mailing address Progressive Management Systems 1521 West Cameron Ave West Covina, CA 91790 Date(s) debt was incurred <u>2/5/18</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$251.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.97	Nonpriority creditor's name and mailing address Promega Corporation Attn: Holly McGaw 2800 Woods Hollow Road Madison, WI 53711 Date(s) debt was incurred <u>11/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,828.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.98	Nonpriority creditor's name and mailing address QPS 110 Executive Drive Suite 7 Newark, DE 19711 Date(s) debt was incurred <u>6/2015</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$16,358.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or supplies</u> <u>Customer Deposit Refund Owed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.99	Nonpriority creditor's name and mailing address R & D Systems 614 Mckinley Place NE Minneapolis, MN 55413-2647 Date(s) debt was incurred <u>7/31/2018-9/20/2018</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,748.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.100	Nonpriority creditor's name and mailing address R&D Laboratory Equipment 10028 Leavesly Trail Santee, CA 92071 Date(s) debt was incurred <u>9/23/18</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$516.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.101	Nonpriority creditor's name and mailing address Ready Capital 1251 Avenue of Americas 50th Floor New York, NY 10020 Date(s) debt was incurred <u> </u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$377,800.00 <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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Debtor SAMM Solutions, Inc.		Case number (if known) _____	
Name _____			

3.102	Nonpriority creditor's name and mailing address Ready Capital 1251 Avenue of Americas 50th Floor New York, NY 10020 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$349,800.00
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3.103	Nonpriority creditor's name and mailing address RMI Laboratories LLC 418 Industrial Drive Nort Wales, PA 19454 Date(s) debt was incurred <u>11/19/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,500.00
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3.104	Nonpriority creditor's name and mailing address San Diego Blood Bank 3636 Gateway Center Avenue Suite 100 San Diego,, CA 92102 Date(s) debt was incurred <u>7/25/18-11/20/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,623.00
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3.105	Nonpriority creditor's name and mailing address San Diego Scale Co., Inc. 4510 Federal Blvd. San Diego, CA 92102 Date(s) debt was incurred <u>5/1/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$638.43
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3.106	Nonpriority creditor's name and mailing address San Diego Sycamore LLC c/o DLA Piper LLP 555 Mission Street, Suite 2400 San Francisco, CA 94105 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$75,294.08
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3.107	Nonpriority creditor's name and mailing address Sarstedt PO Box 468 Newton, NC 28658-0468 Date(s) debt was incurred <u>4/23/18-6/15/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$769.17
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3.108	Nonpriority creditor's name and mailing address Selleck Chemicals LLC P.O. Box 300287 Houston, TX 77230 Date(s) debt was incurred <u>3/2/17-5/31/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,108.00
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Debtor	SAMM Solutions, Inc. <small>Name</small>		Case number (if known)
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3.109	Nonpriority creditor's name and mailing address Sharp Business Systems Dept. LA 21565 Pasadena, CA 91185-1565 Date(s) debt was incurred <u>9/25/18-6/11/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$909.35
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3.110	Nonpriority creditor's name and mailing address Sharp Electronics Corporation Dept. LA 21565 Pasadena, CA 91185-1565 Date(s) debt was incurred <u>7/23/18-12/25/18</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$253.95
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3.111	Nonpriority creditor's name and mailing address Siemens Healthcare Diagnostics PO Box 121102 Dallas, TX 75312-1102 Date(s) debt was incurred <u>11/27/18-5/16/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,077.46
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3.112	Nonpriority creditor's name and mailing address Society of Toxicology 11190 sunrise Valley Drive, Suite 300 Reston, VA 20191 Date(s) debt was incurred <u>2/5/19</u> Last 4 digits of account number <u>DELETED</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,800.00
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3.113	Nonpriority creditor's name and mailing address SouthCoast Anesthesia LLC 2112 Clematis St. San Diego, CA 92105 Date(s) debt was incurred <u>7/3/18</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$598.35
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3.114	Nonpriority creditor's name and mailing address SRPS P.O. Box 504591 St. Louis, MO 63150 Date(s) debt was incurred <u>1/2/18-9/19/18</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$650.74
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3.115	Nonpriority creditor's name and mailing address Staples P.O. Box 83689 Chicago, IL 60696-3689 Date(s) debt was incurred <u>7/6/18-4/1/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,866.34
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Debtor SAMM Solutions, Inc.		Case number (if known) _____	
Name _____			

3.116	Nonpriority creditor's name and mailing address STAT Veterinary Laboratory 10455 Sorrento Valley Road Ste. 100 San Diego, CA 92121 Date(s) debt was incurred <u>4/1/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$57.24
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3.117	Nonpriority creditor's name and mailing address Stemcell Technologies ATTN LBX No. 200590 Pittsburgh, PA 15251-0590 Date(s) debt was incurred <u>11/2018</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,146.47
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3.118	Nonpriority creditor's name and mailing address Stephe Hinze 100 E. San Marcos Blvd. Suite 400 San Marcos, CA 92059 Date(s) debt was incurred <u>1/10/2020</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,917.73
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3.119	Nonpriority creditor's name and mailing address Steris Corp. 5960 Heisley Road Mentor, OH 44060 Date(s) debt was incurred <u>12/28/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,607.75
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3.120	Nonpriority creditor's name and mailing address Strategic Business Communications 1979 Marcus Avenue, Suite 210 Lake Success, NY 11042-1022 Date(s) debt was incurred <u>11/2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,495.00
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3.121	Nonpriority creditor's name and mailing address Tareq Abu-Nadi 993 Brenna Hills Place Escondido, CA 92025 Date(s) debt was incurred <u>1/2012-7/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loans to business</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$265,114.10
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3.122	Nonpriority creditor's name and mailing address Technical Safety Services, Inc. 620 Hearst Avenue Berkeley, CA 94710 Date(s) debt was incurred <u>4/17/18-9/26/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$859.00
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Debtor SAMM Solutions, Inc.		Case number (if known) _____	
Name _____			

3.123	Nonpriority creditor's name and mailing address The Business Backers 10856 Reed Hartman Hwy. Suite 1 Cincinnati, OH 45242 Date(s) debt was incurred <u>3/14/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$81,323.32
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3.124	Nonpriority creditor's name and mailing address Thermo Fisher Scientific, LLC P.O. BOX 842339 DALLAS, TX 75284-2339 Date(s) debt was incurred <u>1/4/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$712.47
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3.125	Nonpriority creditor's name and mailing address Thermofisher Scientific 12088 Collection Center Drive Chicago, IL 60693 Date(s) debt was incurred <u>3/16/16-1/11/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,532.01
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3.126	Nonpriority creditor's name and mailing address TPX Communication P. O. Box 509013 San Diego, CA 92150 Date(s) debt was incurred <u>1/31/18-8/31/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,323.51
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3.127	Nonpriority creditor's name and mailing address UCSD Health P.O. Box 748607 Los Angeles, CA 90074-8607 Date(s) debt was incurred <u>11/4/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.25
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3.128	Nonpriority creditor's name and mailing address UCSD Medical Group File#57326 Los Angeles, CA 90074-7326 Date(s) debt was incurred <u>12/5/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$165.00
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3.129	Nonpriority creditor's name and mailing address UCSD Occupational & Environmental Medicine P. O. Box 34457 San Diego, CA 92163-4457 Date(s) debt was incurred <u>8/23/17-5/15/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,856.00
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Debtor SAMM Solutions, Inc.		Case number (if known) _____	
Name _____			

3.130	Nonpriority creditor's name and mailing address UCSD, CRSF Division of Infectious Disease 9500 Gilman Drive La Jolla, CA 92093-0711 Date(s) debt was incurred <u>11/26/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Medical Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$37,359.23
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3.131	Nonpriority creditor's name and mailing address Uline P.O. Box 88741 Chicago, IL 60680-1741 Date(s) debt was incurred <u>10/26/18-12/5/18</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,122.48
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3.132	Nonpriority creditor's name and mailing address UniFirst 4041 Market Street San Diego, CA 92102 Date(s) debt was incurred <u>4/9/19-7/2/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,583.48
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3.133	Nonpriority creditor's name and mailing address University of Virginia Patent Foundation 722 Preston Avenue Suite 107 Charlottesville, VA 22903 Date(s) debt was incurred <u>5/10/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,000.00
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3.134	Nonpriority creditor's name and mailing address US Veterinary Equipment Inc. 4656 Mission Gorge Place, Suite B San Diego, CA 92120 Date(s) debt was incurred <u>5/10/19</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,642.35
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3.135	Nonpriority creditor's name and mailing address US Veternary Equipment 4656 Mission Gorge Place Suite B San Diego, CA 92120 Date(s) debt was incurred <u>5/10/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,642.35
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3.136	Nonpriority creditor's name and mailing address Usama Abunadi 43931 Cala Sandor Temecula, CA 92592 Date(s) debt was incurred <u>2012-7/2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan from Shareholder</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,036,809.75
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known) _____
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3.137	Nonpriority creditor's name and mailing address Veolia Environmental Service P.O. Box 73709 Chicago, IL 60673 Date(s) debt was incurred <u>8/28/2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$7,101.01 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.138	Nonpriority creditor's name and mailing address Verona Safety 913 Watson Ave Madison, WI 53713 Date(s) debt was incurred <u>3/26/19-4/3/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,425.80 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.139	Nonpriority creditor's name and mailing address Videotel Digital 681 Anita Street Suite #104 Chula Vista, CA 91911 Date(s) debt was incurred <u>1/4/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$330.33 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.140	Nonpriority creditor's name and mailing address VWR International LLC PO Box 640169 Pittsburgh, PA 15264-0169 Date(s) debt was incurred <u>11/2/18-6/10/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$19,416.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Critical operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.141	Nonpriority creditor's name and mailing address Waxie Sanitary Supply 9353 WEaxie Way San Diego, CA 92123 Date(s) debt was incurred <u>5/9/18</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$244.32 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.142	Nonpriority creditor's name and mailing address WCCP Rosemont, LLC 721 Emerson Road, STE 300 Saint Louis, MO 63141 Date(s) debt was incurred <u>2/14/18-3/1/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$644,272.30 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Stipulated Judgment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.143	Nonpriority creditor's name and mailing address Wells Fargo Vendor Fin Serv P.O. Box 51043 Los Angeles, CA 90051-5343 Date(s) debt was incurred <u>9/2/18-3/31/19</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,201.02 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	SAMM Solutions, Inc. <small>Name</small>	Case number (if known)	
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3.144	Nonpriority creditor's name and mailing address WestAir P.O. Box 101420 Pasadena, CA 91189-1420 Date(s) debt was incurred <u>1/28/19-5/31/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,508.98
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3.145	Nonpriority creditor's name and mailing address Westair PO BOX 101420 Pasadena, CA 91189-1420 Date(s) debt was incurred <u>3/31/19-5/31/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$490.60
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3.146	Nonpriority creditor's name and mailing address World Courier, Inc. P.O. Box 842325 Boston, MA 02284-2325 Date(s) debt was incurred <u>9/30/18-1/31/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,841.11
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3.147	Nonpriority creditor's name and mailing address Xybon Medical Systems 2000 LENOX DR, SUITE 101 LAWRENCEVILLE, NJ 08648 Date(s) debt was incurred <u>10/1/17-3/1/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Operational services and/or supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,100.00
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3.148	Nonpriority creditor's name and mailing address Zoetis PO Box 419022 Boston, MA 02241-9022 Date(s) debt was incurred <u>4/24/19</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services and/or Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$258.17
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Alan L. Brodtkin Alan L. Brodtkin & Associates 15500B Rockfield Blvs. Irvine, CA 92618	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—
4.2	Christy L. Bertram Johnston & Bertram 27201 Puerta Real, Suite 300 Mission Viejo, CA 92691	Line <u>3.123</u> <input type="checkbox"/> Not listed. Explain <u> </u>	—

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Debtor	SAMM Solutions, Inc.	Case number (if known)	
	Name		
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	Fredrick Kosmo Jr. Esq. Wislon, Turner & Kosmo 402 W. Broadway, STE 1600 San Diego, CA 92101	Line <u>3.30</u>	—
		<input type="checkbox"/> Not listed. Explain _____	
4.4	Patricia L. Hill Graydon, Head & Ritchey 7759 Universtiy Dr. #A West Chester, OH 45069	Line <u>3.123</u>	—
		<input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>610,945.33</u>
5b. +	\$ <u>4,883,138.19</u>
5c.	\$ <u>5,494,083.52</u>

DocuSign Envelope ID: 56440EF2-167A-44FB-AA7E-45BA3B4F56C3

Fill in this information to identify the case:Debtor name **SAMM Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**Commercial Building
Lease 11211 Sorrento
Valley Road, San
Diego CA 92121
36 months****Kathy Petrucci, DVM
11211 Sorrento Valley Rd.
STE. A
San Diego, CA 92121**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**Commercial Building
Lease 9990 Mesa Rim
Road, San Diego CA
92121
36 Months****Luminec Pharmaceuticals, Inc.
3200 SE 164th Ave
STE. 106
Vancouver, WA 98683**

2.3. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

**Commercial Building
Lease: 10635 Roselle
St. San Diego, CA
92121
36 Months****Sorrento Roselle Corporation
C/O Jacob Management Group
P. O. Box 230931
Encinitas, CA 92023**

2.4. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract _____

Storage units (3)**Trojan Storage
9990 Mesa Rim Rd.
Suite 100
San Diego, CA 92121**

DocuSign Envelope ID: 56440EF2-167A-44FB-AA7E-45BA3B4F56C3

Fill in this information to identify the case:Debtor name **SAMM Solutions, Inc.**United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.***Column 1: Codebtor**Column 2: Creditor*

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Usama Abunadi	43931 Carla Sandor Temecula, CA 92592	Accel Capital Services	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.3 <input type="checkbox"/> G _____
2.2	Usama Abunadi	43931 Carla Sandor Temecula, CA 92592	Employment Development Dept.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 2.2 <input type="checkbox"/> G _____
2.3	Usama Abunadi	43931 Carla Sandor Temecula, CA 92592	Franchise Tax Board	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 2.3 <input type="checkbox"/> G _____
2.4	Usama Abunadi	43931 Carla Sandor Temecula, CA 92592	Kalamata Capital Group	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.69 <input type="checkbox"/> G _____
2.5	Usama Abunadi	43931 Carla Sandor Temecula, CA 92592	The Business Backers	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.123 <input type="checkbox"/> G _____

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Debtor **SAMM Solutions, Inc.**

Case number *(if known)*

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	Usama Abunadi	43931 Carla Sandor Temecula, CA 92592	WCCP Rosemont, LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.142</u> <input type="checkbox"/> G _____
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**United States Bankruptcy Court
Southern District of California**

In re **SAMM Solutions, Inc.**

Debtor(s)

Case No.
Chapter**11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Imtiaz Mohammady		3%	Stock
Mahmoud Atieh		18.5%	Stock
Tareq Abunadi		39.25%	Stock
Usama Abunadi		39.25%	Stock

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date 3/26/2021

Signature

DocuSigned by:
Usama Abunadi
55FC46EFFFFB5446
Usama Abunadi

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

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CSD 1008 [08/21/00]

Name, Address, Telephone No. & I.D. No.

Paul J. Leeds, Esq. 214309 (SBN 131787)

401 West A Street Suite 2600

San Diego, CA 92101

(619) 236-1551

214309 CA

UNITED STATES BANKRUPTCY COURT

SOUTHERN DISTRICT OF CALIFORNIA

325 West "F" Street, San Diego, California 92101-6991

In Re

SAMM Solutions, Inc.

BANKRUPTCY NO.

Debtor.

VERIFICATION OF CREDITOR MATRIX

PART I (check and complete one):

- ☒ New petition filed. Creditor diskette required. TOTAL NO. OF CREDITORS: 161
- ☐ Conversion filed on _____. *See instructions on reverse side.*
- ☐ Former Chapter 13 converting. Creditor diskette required. TOTAL NO. OF CREDITORS: ____
- ☐ Post-petition creditors added. Scannable matrix required.
- ☐ There are no post-petition creditors. No matrix required.
- ☐ Amendment or Balance of Schedules filed concurrently with this original scannable matrix affecting Schedule of Debts and/or Schedule of Equity Security Holders. *See instructions on reverse side.*
- ☐ Names and addresses are being ADDED.
- ☐ Names and addresses are being DELETED.
- ☐ Names and addresses are being CORRECTED.

PART II (check one):

- ☒ The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.
- ☐ The above-named Debtor(s) hereby verifies that there are no post-petition creditors affected by the filing of the conversion of this case and that the filing of a matrix is not required.

Date: 3/26/2021

DocuSigned by:

Usama Abunadi

55FC48EFFFB5446...

Usama Abunadi/President

Signer/Title

REFER TO INSTRUCTIONS ON REVERSE SIDE

CSD 1008

CSD 1008 (Page 2) [08/21/00]

INSTRUCTIONS

- 1) Full compliance with Special Requirements for Mailing Addresses (CSD 1007) is required.
- 2) A creditors matrix with Verification is required whenever the following occurs:
 - a) A new petition is filed. Diskette required.
 - b) A case is converted on or after SEPTEMBER 1, 2000. (See paragraph 4b concerning post-petition creditors.)
 - c) An amendment to a case on or after SEPTEMBER 1, 2000, which adds, deletes or changes creditor address information on the debtor's Schedule of Debts and/or Schedule of Equity Security Holders. Scannable matrix format required.
- 3) The scannable matrix must be originally typed or printed. It may not be a copy.
- 4) CONVERSIONS:
 - a) When converting a Chapter 13 case filed before SEPTEMBER 1, 2000, to another chapter, ALL creditors must be listed on the mailing matrix at the time of filing and accompanied by a Verification. Diskette required.
 - b) For Chapter 7, 11, or 12 cases converted on or after SEPTEMBER 1, 2000, only post-petition creditors need be listed on the mailing matrix. The matrix and Verification must be filed with the post-petition schedule of debts and/or schedule of equity security holders. If there are no post-petition creditors, only the verification form is required. Scannable matrix format required.
- 5) AMENDMENTS AND BALANCE OF SCHEDULES:
 - a) Scannable matrix format required.
 - b) The matrix with Verification is a document separate from the amended schedules and may not be used to substitute for any portion of the schedules. IT MUST BE SUBMITTED WITH THE AMENDMENT/BALANCE OF SCHEDULES.
 - c) Prepare a separate page for each type of change required: ADDED, DELETED, or CORRECTED. On the **REVERSE** side of each matrix page, indicate which category that particular page belongs in. Creditors falling in the same category should be placed on the same page in alphabetical order.
- 6) Please refer to CSD 1007 for additional information on how to avoid matrix-related problems.

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Abcam, Inc.
PO Box 3460
Boston, MA 02241-3460

Abnova
PO Box 1697
Walnut, CA 91788

Accel Capital Services
65 West 36th street, Suite 12
New York, NY 10018

Action Air Conditioning
130 Bosstick Blvd.
San Marcos, CA 92069

ADME Solutions, Inc.
10531 4 S. Commons Drive
#594
San Diego, CA 92127

Advanced Chemical Transport
967 Mabury Road
San Jose, CA 95133

Agilent Technologies
P.O. Box 742108
Los Angeles, CA 90074-2108

Alan L. Brodtkin
Alan L. Brodtkin & Associates
15500B Rockfield Blvs.
Irvine, CA 92618

American Casualty Company
PO Box 94733
Chicago, IL 60690-4733

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Anderson Valuations, Inc.
3467 Avocado Vista Lane
Fallbrook, CA 92028

Aqua Chill
PO Box 24737
Tempe, AZ 85285

Aquaclear
3952 D Clairemont Mesa Blvd.
Suite 294
San Diego, CA 92117

ATCC
5779 Collection Center Drive
Chicago, IL 60693

Aviva Systems Biology
7700 Ronson Road,
Ste 100
San Diego, CA 92111

Bay Alarm Co
P.O. Box 7137
San Francisco, CA 94120-7137

Beckman Coulter, Inc
Dept. CH 10164
Palatine, IL 60055-0164

Becton, Dickinson and Company
PO Box 100921
Pasadena, CA 91189-0921

Biocom
10996 Torreyana Dr.
Suite 200
San Diego, CA 92121

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BioLegend
9727 Pacific Heights Blvd
San Diego, CA 92121

BioQual Solutions, Inc.
4070 Lago Di Grata Cir.
San Diego, CA 92130

Business Wire, Inc.
101 California Street
20th Floor
San Francisco, CA 94111

Cadence Science
2080 Plainfield Pike
Cranston, RI 02921

California Filtration Srvs Inc
1168 N Johnson Ave,
El Cajon, CA 92020

Canseco Boiler Services
8641 Whitaker Street
Buena Park, CA 90621

Capital One Bank (USA), N.A.
P.O. Box 60599
City Of Industry, CA 91716-0599

Cardinal Health.
P.O. Box 100552
Pasadena, CA 91189

Cayman Chemicals Co Inc
1180 E. Ellsworth Road
Ann Arbor, MI 48108

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Cell Signaling Technology
P.O. Box 3843
Boston, MA 02241-3843

Certara USA Inc.
222 S. Central Avenue
Suite 1008
Clayton, MO 63105

Ceva International Inc.
Dept. 2309
Carol Stream, IL 60132-2309

Channel Methods
Pennsylvania Biotechnology Ctr
3805 Old Easton Rd
Doylestown, PA 18902

Chondrex, Inc.
2607 151st Place NE
Redmond, WA 98052-5522

Christy L. Bertram
Johnston & Bertram
27201 Puerta Real, Suite 300
Mission Viejo, CA 92691

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Cole-Parmer
13927 Collections Center Dr
Chicago, IL 60693-0139

County Burner & Machinery Corp
4818 1/2 Ronson Ct
San Diego, CA 92111

County Tax Collector
1600 Pacific Highway
Room 162
San Diego, CA 92101

Covance Research Products
P.O. Box 2485
Burlington, NC 27216

CytoMend
8554 Canoga Ave
Canoga Park, CA 91304

Dart Neuroscience, LLC
12278 Scripps Summit Drive
San Diego, CA 92131

De Lage Landen Financials
C/O Cohn & Davis, LLC
68 Harison Ave #502
Boston, MA 02111

Deluxe
P.O. Box 742572
Cincinnati, OH 45274-2572

EDCO Disposal Corp.-354904
P.O. Box 6887
Buena Park, CA 90622-6887

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EDCO Disposal Corp.-359032
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Santa Fe Springs, CA 90670-5243

Emcor Services
2 Cromwell
Irvine, CA 92618

Employment Development Dept.
Bankruptcy Unit MIC 92E
P. O. Box 826880
Sacramento, CA 94280

Envigo Global
310 Swamp Bridge Road
Denver, PA 17517

Envirotek Laboratories, Inc.
33 3rd St.
Bordentown, NJ 08505

Farmers Insurance Exchange
P.O. Box 4665
Carol Stream, IL 60197-4665

FedEx
P.O. Box 7221
Pasadena, CA 91109-7321

Firehawk Fire & Safety
PO Box 910489
San Diego, CA 92191

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PO Box 942857
Sacramento, CA 94257-0511

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PO Box 219468
Kansas City, MO 64121-9468

Fredrick Kosmo Jr. Esq.
Wislon, Turner & Kosmo
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San Diego, CA 92101

GE Healthcare Bio-Sciences Corp.
100 Results Way
Marlborough, MA 01752

Gemini Bio-Products
930 Riverside Parkway
Suite 50
West Sacramento, CA 95605

General Boiler Company, Inc.
1546 East Adams Blvd.
Los Angeles, CA 90011

Ghazy Abu-Fielat
3564 Van Bruen Blvd.
Riverside, CA 92503

Glas-Col
711 Hulman St.
Terre Haute, IN 47802

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Henry Schein Scil
151 N. Greenleaf St.
Gumee, IL 60031

Hooke Laboratories, Inc.
439 South Union Street
Lawrence, MA 01843

Hygiena
941 Avenida Acaso
Camarillo, CA 93012

In Vivo Gen
10515 Vista Sorrento Pkwy.
San Diego, CA 92121

Ingenium Group LLC
2280 Micro Place
Escondido, CA 92029

Instech Laboratories Inc.
450 South Gravers Rd
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Institute Biomedical Services
2658 Del Mar Heights Rd.
STE
Del Mar, CA 92014

Integrity Research Consulting
26015 Newport Avenue
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Chief Special Procedures
P. O. Box 7346
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Kathy Petrucci, DVM
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STE. A
San Diego, CA 92121

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Kansas City, MO 64180

Landauer
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Chicago, IL 60680-9051

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124 Turner Lane
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West Chester, PA 19380-4563

Longfellow Real Estate Partner
260 Franklin Street
Suite 1920
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Luminec Pharmaceuticals, Inc.
3200 SE 164th Ave
STE. 106
Vancouver, WA 98683

Mari Bray
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San Diego, CA 92150-6951

McKesson Medical-Surgical Inc.
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Pasadena, CA 91185-1558

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National Virus Resource Laboratory
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Las Vegas, NV 89193-3355

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Nitel Inc.
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Organization Effectiveness Consultants
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Irvine, CA 92614

Patricia L. Hill
Graydon, Head & Ritchey
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Pharmascience Inc.
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Suite 100
Montreal, Quebec, CA

Pipette.com
10360 Sorrento Valley Road
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Praxair Distribution Inc.
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Pasadena, CA 91185

Product Safety Lab
Dept. #2462
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Progressive Management Systems
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West Covina, CA 91790

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Madison, WI 53711

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Newark, DE 19711

R & D Systems
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Minneapolis, MN 55413-2647

R&D Laboratory Equipment
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Santee, CA 92071

Ready Capital
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50th Floor
New York, NY 10020

RMI Laboratories LLC
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Nort Wales, PA 19454

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3636 Gateway Center Avenue
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San Diego Scale Co., Inc.
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San Diego, CA 92102

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Houston, TX 77230

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Pasadena, CA 91185-1565

Sharp Electronics Corporation
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Pasadena, CA 91185-1565

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Stemcell Technologies
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Pittsburgh, PA 15251-0590

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Mentor, OH 44060

Strategic Business Communications
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Tareq Abu-Nadi
993 Brenna Hills Place
Escondido, CA 92025

Technical Safety Services, Inc.
620 Hearst Avenue
Berkeley, CA 94710

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The Business Backers
10856 Reed Hartman Hwy.
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DALLAS, TX 75284-2339

ThermoFisher Scientific
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Chicago, IL 60693

TPX Communication
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San Diego, CA 92150

Trojan Storage
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San Diego, CA 92121

UCSD Health
P.O. Box 748607
Los Angeles, CA 90074-8607

UCSD Medical Group
File#57326
Los Angeles, CA 90074-7326

UCSD Occupational
& Environmental Medicine
P. O. Box 34457
San Diego, CA 92163-4457

UCSD, CRSF
Division of Infectious Disease
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Chicago, IL 60680-1741

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San Diego, CA 92102

University of Virginia
Patent Foundation
722 Preston Avenue Suite 107
Charlottesville, VA 22903

US Veterinary Equipment Inc.
4656 Mission Gorge Place,
Suite B
San Diego, CA 92120

US Veternary Equipment
4656 Mission Gorge Place
Suite B
San Diego, CA 92120

Usama Abunadi
43931 Cala Sandor
Temecula, CA 92592

Usama Abunadi
43931 Carla Sandor
Temecula, CA 92592

Veolia Environmental Service
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Chicago, IL 60673

Verona Safety
913 Watson Ave
Madison, WI 53713

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Videotel Digital
681 Anita Street Suite #104
Chula Vista, CA 91911

VWR International LLC
PO Box 640169
Pittsburgh, PA 15264-0169

Waxie Sanitary Supply
9353 WEaxie Way
San Diego, CA 92123

WCCP Rosemont, LLC
721 Emerson Road, STE 300
Saint Louis, MO 63141

Wells Fargo Vendor Fin Serv
P.O Box 51043
Los Angeles, CA 90051-5343

WestAir
P.O. Box 101420
Pasadena, CA 91189-1420

Westair
PO BOX 101420
Pasadena, CA 91189-1420

World Courier, Inc.
P.O. Box 842325
Boston, MA 02284-2325

Xybion Medical Systems
2000 LENOX DR, SUITE 101
LAWRENCEVILLE, NJ 08648

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Zoetis
PO Box 419022
Boston, MA 02241-9022

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**United States Bankruptcy Court
Southern District of California**

In re **SAMM Solutions, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **SAMM Solutions, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

3/26/2021

Date

DocuSigned by:



C75D407684204DA...

Paul J. Leeds, Esq. 214309 (SBN 131787)

Signature of Attorney or Litigant

Counsel for **SAMM Solutions, Inc.****Higgs Fletcher & Mack LLP****401 West A Street Suite 2600****San Diego, CA 92101****(619) 236-1551 Fax:(619) 696-1410****leedsp@higgslaw.com**

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CSD 1801 [12/01/16]

Name, Address, Telephone No. & I.D. No.

Paul J. Leeds, Esq. 214309 (SBN 131787)

401 West A Street Suite 2600

San Diego, CA 92101

(619) 236-1551

214309 CA

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF CALIFORNIA
325 West F Street, San Diego, California 92101-6991

In Re

SAMM Solutions, Inc.

BANKRUPTCY NO.

Debtor.

**DECLARATION RE: ELECTRONIC FILING OF
PETITION, SCHEDULES & STATEMENTS**

PART I - DECLARATION OF PETITIONER

I [We] Usama Abunadi and _____, the debtor(s), *hereby declare under penalty of perjury* that the information I have given my attorney and the information provided in the electronically filed petition, statements, and schedules is true and correct. I consent to my attorney sending my petition, this declaration, statements and schedules to the United States Bankruptcy Court. I understand that this **Declaration Re: Electronic Filing** is to be filed with the Clerk once all schedules have been filed electronically but, in no event, no later than 14 days following the date the petition was electronically filed. I understand that failure to file the signed original of this **Declaration** will cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice.

☐ [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of 11 United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter specified in this petition.

☒ [If petitioner is a corporation or partnership] I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

Dated: 3/26/2021

Signed:

DocuSigned by:
Usama Abunadi
55FC48EFFFFB5448
Usama Abunadi
*(Debtor)

*If filed electronically, pursuant to LBR 5005-4(C), the original debtor signature(s) in a scanned format is required.

PART II - DECLARATION OF ATTORNEY

I *declare under penalty of perjury* that I have informed the petitioner, if an individual, that [he or she] may proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that I have no knowledge after an inquiry that the information in the schedules is incorrect.

Dated: 3/26/2021

DocuSigned by:
Paul J. Leeds
C75D467684204DA...
Paul J. Leeds, Esq. 214309 (SBN 131787)
Attorney for Debtor(s)

CSD 1801

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03/26/21

Accrual Basis

BTS RESEARCH
Balance Sheet
As of March 26, 2021

	Mar 26, 21
ASSETS	
Current Assets	
Checking/Savings	
Payroll - Coastal Bank Acct	1.13
CB&T Tax Account 7709	93.40
CB&T Operation 7675	136,777.97
CB&T Payroll 7667	-39,510.45
Petty Cash	76,040.00
Cash In Bank - PPB Payroll	15,167.16
Total Checking/Savings	188,569.21
Accounts Receivable	
Accounts Receivable	188,691.49
Total Accounts Receivable	188,691.49
Other Current Assets	
Unbilled A/R	110,472.06
Undeposited Funds	89,389.20
Total Other Current Assets	199,861.26
Total Current Assets	577,121.96
Fixed Assets	
Scientific Equipment BQ	237,905.51
Leasehold Improvements BQ	868,640.63
Furnitures and Fixtures BQ	8,811.59
Computer Hardware BQ	11,987.01
Animals	1,716.00
Capital Lease BQ-Sci. Eqpt.	128,071.74
Capital Leases BQ-Lease Imp	38,458.47
Accumulated Depreciation	-1,719,103.22
Building & Office Equipment	281,247.63
Furnitures and Fixtures	8,058.15
Leasehold Improvements	624.48
Medical Equipment	543,978.21
Office Furnitures & Fixtures	7,434.90
Research Equipment	
Vivarium Equipment	302,800.53
Research Equipment - Other	132,883.22
Total Research Equipment	435,683.75
Transportation Equipment	6,000.00
Total Fixed Assets	859,514.85
Other Assets	
Investment in BioQuant	7,815,686.10
Security Deposit	-500.00
Total Other Assets	7,815,186.10
TOTAL ASSETS	9,251,822.91
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
AP - Old Liabilities	1,201,666.94
Accounts Payable	161,259.83
Total Accounts Payable	1,362,926.77
Other Current Liabilities	
Loan Payable - Mohamed Abul-Fie	50,892.00
Deferred Revenue	197,868.00
Accrued Liabilities	1,131,534.94

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03/26/21

Accrual Basis

BTS RESEARCH
Balance Sheet
As of March 26, 2021

	Mar 26, 21
Loan from Shareholders	
Tareq	263,254.10
Sami	1,036,809.75
Total Loan from Shareholders	1,300,063.85
Payroll Liabilities	
Chiro Insurance ER Share	4.84
Medical Insurance ER Share	-51.12
Medical Insurance EE Share	-3,995.42
Payable to Employee	-20,499.82
Payroll Liabilities - Other	596,513.43
Total Payroll Liabilities	571,971.91
Total Other Current Liabilities	3,252,330.70
Total Current Liabilities	4,615,257.47
Long Term Liabilities	
PPP Loan - May 2020	
PPP Loan - May 2020	377,800.00
Total PPP Loan - May 2020	377,800.00
Loan Payable-Pacific Premier	1,023,199.94
Total Long Term Liabilities	1,400,999.94
Total Liabilities	6,016,257.41
Equity	
Capital Stock	6,880,913.10
Distribution-Tareq Abunadi.	-1,700.00
Opening Balance Equity	439.27
Retained Earnings	-3,757,669.64
Net Income	113,582.77
Total Equity	3,235,565.50
TOTAL LIABILITIES & EQUITY	9,251,822.91

**SPECIAL CONSENT FOR
ACTION WITHOUT MEETING OF THE DIRECTORS OF
SAMM SOLUTIONS, INC**

THE UNDERSIGNED, being all of the Directors of SAMM Solutions, Inc. (hereinafter the "Corporation"), now in office consent, in lieu of a regular meeting of Directors, to the following resolutions:

BE IT RESOLVED, It is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code, therefore Corporation shall file for bankruptcy under the reorganization provisions of Chapter 11 of the U.S. Bankruptcy Code; and,

RESOLVED FURTHER, Usama Abunadi, Chief Executive Officer (CEO) of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation and the CEO is authorized and directed to execute all documents, and to take all actions deemed necessary, in order to carry out and perform the purposes of these resolutions; and,

RESOLVED FURTHER, The CEO of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case.

RESOLVED FURTHER that the CEO of this Corporation is authorized and directed to seek authority and to employ such other professionals as may be necessary to efficiently conduct the administration of the estate in such bankruptcy case; and

RESOLVED FURTHER that if the CEO fails to take all actions necessary to carry out and perform these resolutions, each of the officers and/or directors of this Corporation is authorized and directed to execute all documents, and to take all actions deemed necessary, in order to carry out and perform the purposes of these resolutions.

Date: March 26, 2021

Usama Abunadi, Director

Tareq Abunadi, Director

Salim Abunadi, Director

3:28 PM

03/26/21

Accrual Basis

BTS RESEARCH
Profit & Loss
 January through February 2021

	Jan - Feb 21
Ordinary Income/Expense	
Income	
Income for Housing & Husbandry	42,915.71
Income for In Vitro Services	9,320.00
Income for In Vivo Services	257,777.00
Total Income	310,012.71
Gross Profit	310,012.71
Expense	
Service Fees	104.00
Equipment	4,000.00
Advertising and Promotion	360.00
Bank Service Charges	242.00
Computer and Internet Expenses	3,993.03
Dry Ice Pellets	799.67
Equipment Rental	890.00
Finance Charges	1.53
Shipping/Freight Charge	2,053.01
Gases	1,974.16
Insurance Expense	
Auto/Truck Insurance	177.90
Worker's Compensation	717.67
Total Insurance Expense	895.57
Interest Expense	
Interest - Pacific Premier	4,305.68
Total Interest Expense	4,305.68
Meals and Entertainment	62.93
Medical & Dental Insurance	9,797.73
Medical Records and Supplies	
Vivarium Supplies	2,814.04
Animal Supplies	3,873.99
Medical/Study Supplies	14,835.99
Vaccines and Medicines	197.50
Medical Records and Supplies - Other	-2,602.14
Total Medical Records and Supplies	19,119.38
Miscellaneous Expense	561.22
Occupational & Environmental Me	0.00
Office Supplies	80.11
Outside Labor/Services	1,358.66
Packaging Supplies/Crates	45.00
Payroll Expenses	
Payroll Taxes ER	12,489.60
Bonus	656.03
Shipping	708.60
Wages & Salaries	49,686.05
Payroll Expenses - Other	58,049.76
Total Payroll Expenses	121,590.04
Pest Control	110.00
Postage, Delivery & Courier Ser	32.06
Professional Fees	
Accounting	7,782.80
Contracted Services	37,332.00
Legal	5,496.03
Professional Fees - Other	3,580.00
Total Professional Fees	54,190.83
Reconciliation Discrepancies	-0.01
Recruiting	1,614.99

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03/26/21

Accrual Basis

BTS RESEARCH
Profit & Loss
 January through February 2021

	Jan - Feb 21
Rent Expense	
Rent	
Sorrento - Lab	19,383.35
Mesa Rim	28,640.11
Total Rent	48,023.46
Storage	2,286.00
Total Rent Expense	50,309.46
Repairs and Maintenance	16,461.60
Security	49.98
Taxes	
Sales Tax	13.33
Taxes - Other	1,364.04
Total Taxes	1,377.37
Telephone & Internet Expense	1,719.90
Travel Expense	60.00
Utilities	14,342.49
Waste Disposal	897.36
Total Expense	313,399.75
Net Ordinary Income	-3,387.04
Other Income/Expense	
Other Expense	
Ask My Accountant	1,995.61
Total Other Expense	1,995.61
Net Other Income	-1,995.61
Net Income	-5,382.65

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Form 1120-S Department of the Treasury Internal Revenue Service	U.S. Income Tax Return for an S Corporation ▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. ▶ Go to www.irs.gov/Form1120S for instructions and the latest information.	OMB No. 1545-0123 <div style="font-size: 2em; font-weight: bold;">2019</div>
For calendar year 2019 or tax year beginning _____, 2019, ending _____,		
A S election effective date <div style="border: 1px solid black; padding: 2px;">3/22/2007</div>	TYPE OR PRINT SAMP SOLUTIONS, INC BTS RESEARCH 9990 MESA RIM RD, SUITE 100 SAN DIEGO, CA 92121	D Employer identification number 20-8712967 E Date incorporated 3/22/2007 F Total assets (see instructions) \$ 9,043,014.
B Business activity code number (see instructions) 541700		
C Check if Schedule M-3 attached <input type="checkbox"/>		
G Is the corporation electing to be an S corporation beginning with this tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'Yes,' attach Form 2553 if not already filed		
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination or revocation		
I Enter the number of shareholders who were shareholders during any part of the tax year. ▶ 4		
J Check if corporation: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes		
Caution: Include <u>only</u> trade or business income and expenses on lines 1a through 21. See the instructions for more information.		
INCOME	1 a Gross receipts or sales. 1 a 3,240,465. 1 b Returns and allowances. 1 b 1 c Balance. Subtract line 1b from line 1a. 1 c 3,240,465. 2 Cost of goods sold (attach Form 1125-A). 2 837,899. 3 Gross profit. Subtract line 2 from line 1c. 3 2,402,566. 4 Net gain (loss) from Form 4797, line 17 (attach Form 4797). 4 5 Other income (loss) (see instrs — att statement). 5 6 Total income (loss). Add lines 3 through 5. ▶ 6 2,402,566.	
DEDUCTIONS	7 Compensation of officers (see instructions - attach Form 1125-E). 7 197,828. 8 Salaries and wages (less employment credits). 8 1,620,012. 9 Repairs and maintenance. 9 40,048. 10 Bad debts. 10 25,344. 11 Rents. 11 393,672. 12 Taxes and licenses. SEE STATEMENT 1 12 25,876. 13 Interest (see instructions). 13 95,652. 14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562). 14 86,387. 15 Depletion (Do not deduct oil and gas depletion.) 15 16 Advertising. 16 5,540. 17 Pension, profit-sharing, etc., plans. 17 18 Employee benefit programs. 18 19 Other deductions (attach statement). SEE STATEMENT 2 19 1,030,352. 20 Total deductions. Add lines 7 through 19. ▶ 20 3,520,711. 21 Ordinary business income (loss). Subtract line 20 from line 6. 21 -1,118,145.	
TAX AND PAYMENTS	22 a Excess net passive income or LIFO recapture tax (see instructions). 22 a 22 b Tax from Schedule D (Form 1120-S). 22 b 22 c Add lines 22a and 22b (see instructions for additional taxes). 22 c 23 a 2019 estimated tax payments and 2018 overpayment credited to 2019. 23 a 23 b Tax deposited with Form 7004. 23 b 23 c Credit for federal tax paid on fuels (attach Form 4136). 23 c 23 d Reserved for future use. 23 d 23 e Add lines 23a through 23d. 23 e 24 Estimated tax penalty (see instructions). Check if Form 2220 is attached. ▶ <input type="checkbox"/> 24 25 Amount owed. If line 23e is smaller than the total of lines 22c and 24, enter amount owed. 25 0. 26 Overpayment. If line 23e is larger than the total of lines 22c and 24, enter amount overpaid. 26 27 Enter amount from line 26: Credited to 2020 estimated tax ▶ Refunded ▶ 27	
Sign Here Signature of officer _____ Date _____ Title PRESIDENT	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. <div style="border: 1px solid black; padding: 5px; float: right; width: 150px;"> May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </div>	
Paid Preparer Use Only Print/Type preparer's name JEAN GODDARD Firm's name ▶ NGS LLP. Firm's address ▶ 6120 PASEO DEL NORTE STE A-1 CARLSBAD, CA 92011-1118	Preparer's signature <i>Jean Goddard</i> Date 2-14-20 Check <input checked="" type="checkbox"/> if self-employed PTIN P00496495 Firm's EIN ▶ 20-8182203 Phone no. 760-930-0282	

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Form 1120-S (2019) SAMM SOLUTIONS, INC

20-8712967

Page 2

Schedule B Other Information (see instructions)					Yes	No
1 Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____						
2 See the instructions and enter the: a Business activity ▶ <u>BIO SCIENCE RESEARCH</u> b Product or service... ▶ <u>IN VIVO RESEARCH</u>						
3 At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation						X
4 At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.					X	
(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if any) a Qualified Subchapter S Subsidiary Election Was Made		
BIO-QUANT, INC.	87-0508560	UNITED STATES	100.00%	1/01/12		
b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below.						X
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum % Owned in Profit, Loss, or Capital		
5a At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of restricted stock ▶ _____						
(ii) Total shares of non-restricted stock ▶ _____						
b At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.						X
(i) Total shares of stock outstanding at the end of the tax year ▶ _____						
(ii) Total shares of stock outstanding if all instruments were executed ▶ _____						
6 Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?						X
7 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.						
8 If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions ▶ \$ _____						
9 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions						X
10 Does the corporation satisfy one or more of the following? See instructions						X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.						
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.						
c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990.						
11 Does the corporation satisfy both of the following conditions?						X
a The corporation's total receipts (see instructions) for the tax year were less than \$250,000.						
b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.						

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Form 1120-S (2019) SMM SOLUTIONS, INC

20-8712967

Page 3

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction. ▶ \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions.		X
14a	Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b	If "Yes," did the corporation file or will it file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 14. ▶ \$ _____		

Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)	1	-1,118,145.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: a Ordinary dividends	5a	
	b Qualified dividends	5b	
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss)	8b	
	c Unrecaptured section 1250 gain (attach statement)	8c	
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
10	Other income (loss) (see instructions)	10	
Deductions	11 Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures (1) Type ▶ (2) Amount ▶	12c (2)	
Credits	d Other deductions (see instructions) .. Type ▶	12d	
	13a Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instrs) Type ▶	13d	
	e Other rental credits (see instrs) Type ▶	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
g Other credits (see instructions)	13g		
Foreign Transactions	14a Name of country or U.S. possession	14a	
	b Gross income from all sources	14b	
	c Gross income sourced at shareholder level	14c	
	Foreign gross income sourced at corporate level		
	d Reserved for future use	14d	
	e Foreign branch category	14e	
	f Passive category	14f	
	g General category	14g	
	h Other (attach statement)	14h	
	Deductions allocated and apportioned at shareholder level		
	i Interest expense	14i	
	j Other	14j	
	Deductions allocated and apportioned at corporate level to foreign source income		
	k Reserved for future use	14k	
	l Foreign branch category	14l	
	m Passive category	14m	
	n General category	14n	
	o Other (attach statement)	14o	
	Other information		
p Total foreign taxes (check one): ▶ <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	14p		
q Reduction in taxes available for credit (attach statement)	14q		
r Other foreign tax information (attach statement)			

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Form 1120-S (2019) SMM SOLUTIONS, INC

20-8712967

Page 4

Schedule K Shareholders' Pro Rata Share Items (continued)**Total amount**

Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment	15a	1,138.
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties — gross income	15d	
	e Oil, gas, and geothermal properties — deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	21,198.
	d Distributions (attach stmt if required) (see instrs)	16d	
	e Repayment of loans from shareholders	16e	
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement)		SEE STATEMENT 3
Reconciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 14p.	18	-1,118,145.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		-118,921.		51,593.
2a	Trade notes and accounts receivable	379,553.		78,775.	
b	Less allowance for bad debts		379,553.		78,775.
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach stmt) SEE ST 4.		28,179.		119,000.
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement) SEE ST 5.		7,815,686.		7,815,686.
10a	Buildings and other depreciable assets	3,672,550.		2,577,994.	
b	Less accumulated depreciation	2,311,809.	1,360,741.	1,719,103.	858,891.
11a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach stmt) SEE ST 6.		141,588.		119,069.
15	Total assets		9,606,826.		9,043,014.
Liabilities and Shareholders' Equity					
16	Accounts payable		1,375,591.		1,410,741.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach stmt) SEE ST 7.		88,345.		413,860.
19	Loans from shareholders		1,220,130.		1,263,825.
20	Mortgages, notes, bonds payable in 1 year or more		1,989,944.		1,108,022.
21	Other liabilities (attach statement) SEE ST 8.				1,161,190.
22	Capital stock		6,880,913.		6,880,913.
23	Additional paid-in capital				
24	Retained earnings		-1,948,097.		-3,195,537.
25	Adjustments to shareholders' equity (att stmt)				
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		9,606,826.		9,043,014.

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Form 1120-S (2019) SAMM SOLUTIONS, INC

20-8712967

Page 5

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books.....	-1,247,440.	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest. \$	
		STATEMENT 10	-433,696.
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 14p (itemize):		6 Deductions included on Schedule K, lines 1 through 12 and 14p, not charged against book income this year (itemize):	
a Depreciation..... \$		a Depreciation ... \$	325,599.
b Travel and entertainment. \$	879.		
SEE STATEMENT 9	20,319.		
4 Add lines 1 through 3.....	-1,226,242.	7 Add lines 5 and 6.....	-108,097.
		8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4.	-1,118,145.

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year.....	-5,109,498.			
2 Ordinary income from page 1, line 21.....				
3 Other additions.....				
4 Loss from page 1, line 21.....	(1118145.)			
5 Other reductions..... SEE STATEMENT 11 ...	(21,198.)			
6 Combine lines 1 through 5.....	-6,248,841.			
7 Distributions.....				
8 Balance at end of tax year. Subtract line 7 from line 6...	-6,248,841.			

SPSA0134 10/03/19

Form 1120-S (2019)

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Form **1125-A**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service**Cost of Goods Sold**

- **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
 ► **Go to www.irs.gov/Form1125A for the latest information.**

OMB No. 1545-0123

Name SAMM SOLUTIONS, INC BTS RESEARCH		Employer identification number 20-8712967	
1	Inventory at beginning of year.....	1	
2	Purchases.....	2	
3	Cost of labor.....	3	
4	Additional section 263A costs (attach schedule).....	4	
5	Other costs (attach schedule)..... SEE STATEMENT 12	5	837,899.
6	Total. Add lines 1 through 5.....	6	837,899.
7	Inventory at end of year.....	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions.....	8	837,899.
9 a Check all methods used for valuing closing inventory:			
(i) <input type="checkbox"/> Cost			
(ii) <input type="checkbox"/> Lower of cost or market			
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ► -----			
b Check if there was a writedown of subnormal goods..... ► <input type="checkbox"/>			
c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)..... ► <input type="checkbox"/>			
d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO..... 9d			
e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
BAA For Paperwork Reduction Act Notice, see instructions.			

Form **1125-A** (Rev. 11-2018)



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Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

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Intermediary Delivery Events

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Signing Complete	Security Checked	3/26/2021 5:27:22 PM
Completed	Security Checked	3/26/2021 5:27:22 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		